FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01718** **(6)**

1. Corporation Name

DAMONE/ANDREW INVESTMENT CO.

Principal Place of Business	Mailing Address
850 STEPHENSON HWY., SUITE 600 TROY MI 48083	850 STEPHENSON HWY., SUITE 600 TROY MI 48083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 850 Stephenson Hwy.	26 850 Stephenson Hwy.
Suite, Apt. #, etc. 22 Suite #200	Suite, Apt. #, etc. 27 Suite #200
City & State 23 Troy, MI	City & State 28 Troy, MI
Zip: 24 48083 Country: 25	Zip: 29 48083 Country: 30

4. FEI Number: 38-2526899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TROCKE, MICHAEL T.
101 E. KENNEDY BOULEVARD
SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DAMONE, MICHAEL G.	12 NAME	Damone, Michael G.	
STREET ADDRESS	261 NORTH GLENHURST DR	13 STREET ADDRESS	1258 Water Cliff Dr.	
CITY-ST-ZIP	BIRMINGHAM MI	14 CITY-ST-ZIP	Bloomfield Hills, MI 48302-1974	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	ANDREW, DANIEL R.	22 NAME		
STREET ADDRESS	16728 PARKLANE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	LIVONIA MI	24 CITY-ST-ZIP		
TITLE	TSD	31 TITLE	TSD	☒ Change ☐ Addition
NAME	HURLEY, JOAN W.	32 NAME	Damone, Michael G	
STREET ADDRESS	37137 TRICIA DRIVE	33 STREET ADDRESS	1258 Water Cliff Dr.	
CITY-ST-ZIP	STERLING HTS. MI	34 CITY-ST-ZIP	Bloomfield Hills, MI 48302-1974	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	RABBIDEAU, RICHARD E	42 NAME		
STREET ADDRESS	400 RENAISSANCE CENTER , 35TH FLOOR	43 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Michael G. Damone ✓ 4/17/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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